

EMOGENE W. STEGALL, LAKE COUNTY SUPERVISOR OF ELECTIONS, P. O. DRAWER 457, TAVARES, FLORIDA 32778
ABSENTEE BALLOT REQUEST FOR:

Name: _____ / _____ / _____ Date: _____ 20 _____
Last First MI Date of Birth

Lake Co. Address: _____ PARTY _____
Street City State Zip

MAILING ADDRESS IF DIFFERENT FROM LAKE CO. ADDRESS

_____ Street City State Zip

X _____
Signature of Voter

OFFICE USE ONLY

REQUEST BY IMMEDIATE FAMILY MEMBER OR LEGAL GUARDIAN

In addition to the information required in the voter request section of this form, Florida law requires all of the information in this box if an immediate family member or legal guardian has been directed (designated) by the voter to request an absentee ballot.

Last Name of Requester	First Name	MI
Street Address of Requester		
City	State	Zip
Driver's License # (if available)		
Signature of Requester		
Requester's Relationship to Voter		

BALLOTS REQUESTED

☐ ALL ELECTIONS

☐ PRESIDENTIAL PREFERENCE PRIMARY

☐ PRIMARY

☐ GENERAL ELECTION

☐ SPECIAL ELECTION

☐ OTHER